Appendix C – Access and Outreach Measurement & Evaluation Status Report, February 2008

Introduction

The May 7, 2007 King County Council Motion, adopting policies and a measurement and evaluation plan for the Children's Health Initiative, laid out a vision, mission and goals that set the stage for evaluation of advocacy, outreach, and health innovation pilot project efforts to improve the health of children in King County.

Vision and Mission

> King County's vision is for every child in King County to achieve optimal health and grow into a healthy adult. Recognizing that regular access to health care is necessary to achieving optimal health, the mission of the county's Children's Health Initiative is to create conditions under which children have consistent access to comprehensive, preventive-focused primary health care, prioritizing those activities which will have the most significant impact on health or reduction in health disparities.

Goals

1) Advocacy goals:
   a) Ensure that the state fulfills its adopted goal to extend health care insurance coverage to all children by 2010
   b) Ensure that the state fulfills its goals to connect children to a medical home and assure that high-quality, cost-effective care is provided
2) Outreach goals:
   a) Improve insurance access by increasing the number of insured children by identifying and enrolling eligible children in public insurance programs
   b) Improve health knowledge by training parents and staff at community agencies to identify children's health problems and encourage families to seek preventive care
   c) Improve access to health care by connecting children to regular sources of medical and dental care
   d) Improve health status by ensuring that children receive appropriate evidence-based preventive health care services
3) Health innovation pilot projects goals:
   a) Ensure that children receive appropriately integrated services for the mouth, the mind, and the body by strengthening linkages in the health care system
   b) Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care
   c) Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations

The council motion stipulates that semiannual and annual measurement and evaluation reports be created to summarize progress on reaching the CHI vision, mission, and goals. This report for the Access and Outreach Committee (HIIC) provides information on evaluation activities to-date and an update on the status of the pilot projects for which the Committee has oversight. Included in the report are:

- An evaluation plan for the Access and Outreach component of the CHI, using the goals, objectives, and key measures from the Measurement and Evaluation Plan adopted by council, and detailing the data collection methods, sources, and schedule for the reporting on this element of the CHI
- A newly developed evaluation plan for the Advocacy efforts of the CHI, outlining the intended outcomes, key measures, and the data collection methods, sources, and schedule for reporting on this element of the CHI
- A summary of progress on key measures for Access and Outreach during 2007

Project Evaluation Plans

Access and Outreach: Evaluation Plan			
Goals: ▪ Improved insurance access for children in King County ▪ Improved health knowledge of parents and staff at community agencies ▪ Improve access to health care for children in King County ▪ Improve health status by ensuring that children in care are receiving appropriate evidence-based preventive services			
Outcomes	**Measures**	**Data Collection Method and Source**	**Data Reporting and Analysis**
Increased number of insured children	# of accepted applications and renewals for Medicaid, SCHIP, CHP and BHP for children under 19 (by site, by region in King County, and by ethnic group)	Record review: PHSKC Access and Outreach database	Monthly documentation June 08 summary for August 08 report
More children in King County will have a medical home (regular source of medical care)	# and % of children covered by the King County program completing > 1 medical visit (by region in King County and by ethnic group)	Family interviews	2007 & TBD
		Record review: *[State DSHS when available]*	Monthly documentation June 08 summary for August 08 report
More children in King County will have a dental home (regular source of oral health care)	# and % of children covered by the King County program completing > 1 oral health visit (by region in King County and by ethnic group)	Family interviews	2007 & TBD
		Record review: WDS database *[State DSHS when available]*	Monthly documentation June 08 summary for August 08 report

Access and Outreach: Evaluation Plan (Cont'd)			
Outcomes	**Measures**	**Data Collection Method and Source**	**Data Reporting and Analysis**
Parents (especially among cultures in which preventive care is not accessed) will understand the value of preventive care for their children and know how to access it	# of community agency staff trained to perform physical, oral, developmental and mental health surveillance for children in their programs (by agency) # of parents/caregivers trained to seek preventive care and health care homes (by type of organization/meeting and by region in King County)	Record review: PHSKC Access and Outreach database	Monthly documentation June 08 summary for August 08 report
	# of families with persistent cultural barriers to care assisted in accessing health care for their children (by region in King County and by ethnic group)	Record review: Community health worker reports	Monthly documentation June 08 summary for August 08 report
	# of children/teens in families with persistent cultural barriers to care assisted in accessing preventive care (by region in King County and by ethnic group)	Application, community health, and health education worker interviews	TBD
	# and % of children covered by the King County program who visit doctor/dentist for preventive care (check-up or immunization) (by region in King County and by ethnic group)	Family interviews	2007 & TBD
		Record review: *[State DSHS when available]*	Monthly documentation June 08 summary for Aug 08 report

Access and Outreach: Evaluation Plan (Cont'd)			
Outcomes	**Measures**	**Data Collection Method and Source**	**Data Reporting and Analysis**
Increase in early prevention, identification and treatment of health issues for children in King County	# and % of 3 - 6 year old children covered by the King County program who are up-to-date on early periodic screening, diagnosis, & treatment visits (HEDIS measures) (by region in King County and by ethnic group) # and % of children covered by the King County program with up-to-date immunizations (by region in King County and by ethnic group)	Record review: Contractor quarterly reports	Monthly documentation June 08 summary for August 08 report
	# and % of children covered by the King County program receiving oral health check-up by dentist/doctor by 18 months (by region in King County and by ethnic group) # and % of children covered by the King County program receiving fluoride applications (by region in King County and by ethnic group)	Contractor quarterly reports	Monthly documentation June 08 summary for August 08 report
	# and % of 0 - 5 year old children covered by the King County program receiving a structured developmental assessment (by region in King County and by ethnic group)	Contractor quarterly reports	Monthly documentation June 08 summary for August 08 report

Advocacy: Evaluation Plan

Goals:

- Ensure that the state fulfills its adopted goal to extend health care insurance coverage to all children by 2010
- Ensure that the state fulfills its goals to connect children to a medical home and assure that high-quality, cost-effective care is provided

Outcomes	Measures	Data Collection Method and Source	Data Reporting and Analysis
Activities undertaken to advocate for affordable healthcare insurance options for children result in positive actions at the state level	Positive actions/events occur in response to advocacy efforts, showing incremental gains that reflect progress (e.g., increased attention to the issue, issue coming to committee or legislature for discussion, key individuals shift from opposition to support, proposal put to a vote, greater support than in the past, etc.)	Record review: tracking of advocacy activities and actions/events at the state level	Ongoing documentation: June 08 summary for August 08 report
Advocacy activities result in the state's extension of health care insurance coverage for children	Actions/events at the state level signify success in accomplishing the extension of health care insurance coverage for children	Record review: tracking of actions at the state level	Ongoing documentation: June 08 summary for August 08 report
Advocacy activities result in increased state efforts to connect children to a medical home	Actions/events at the state level signify success in accomplishing increased state efforts to connect children to a medical home	Record review: tracking of actions at the state level	Ongoing documentation: June 08 summary for August 08 report

Project Updates

Access and Outreach Initiative

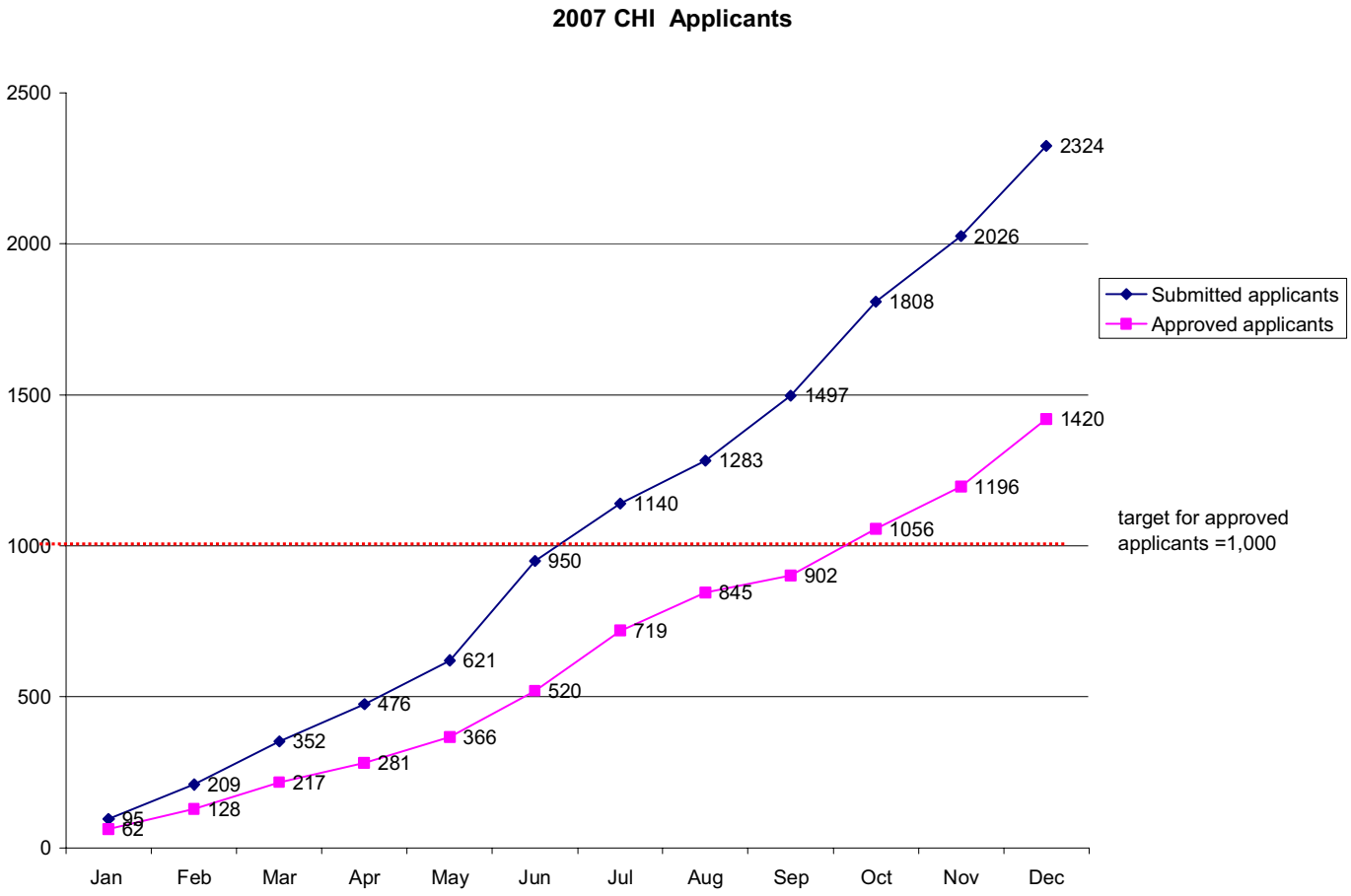
Attached are two documents related to the Access and Outreach initiative of the CHI:

- Chart showing Medicaid, SCHIP, and CHP applications submitted and applications approved during 2007.
- Revised Measurement and Evaluation Plan, showing progress to-date on key measures for Access and Outreach and revised 2008 targets for the measures, as determined by the Access and Outreach Committee at its January meeting

Advocacy Effort

Health Department staff were active throughout 2007 in Olympia, pursuing the advocacy goals related to the Children's Health Initiative, specifically on the implementation of SSB 5093, the Children's Health Act of 2007, maximizing funding for outreach and linkage activities, improved delivery of oral health and mental health screening and referral when well child visits are provided, online enrollment, and renewal and affordability of insurance coverage.

Kirsten Wysen participated monthly in the DSHS 5093 workgroup chaired by MaryAnne Lindeblad and Barbara Lantz with HRSA, DSHS. This group is charged with advising on the implementation of medical homes and performance measures from the Cover All Kids law (5093). She co-chaired the Health Coalition for Children and Youth subcommittee on this topic with Dr. Chris Olson of Spokane. They wrote the cover letter for the report due from DSHS to the legislature on December 1, 2007 and Kirsten, along with Dr. John Neff, testified with Barb Lantz on January 16, 2008 on the report recommendations to the House and Senate Health Care Committees. See the report cover letter and HCCY 2008 legislative agenda based on the report in the appendices.


2007 CHI Applicants
2500
2000
1500
1000
500
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
95
209
352
476
621
950
1140
1283
1497
1808
2026
2324
62
128
217
281
366
520
719
845
902
1056
1196
1420
Submitted applicants
Approved applicants
target for approved applicants =1,000

Access and Outreach: Measurement and Evaluation Plan 2007 – 2008

Objectives (measurable outcomes)	Key Measures	2007 Objective	2007 Outcome	Estimated 2008 Objective (8/07)	Proposed 2008 Objective (1/08)
Enroll 1,000 children in public insurance programs (Medicaid, SCHIP, BHP and Children's Health Program)	Accepted applications and renewals for Medicaid, SCHIP, CHP and BHP for children under 19	1,000	1,420	3,000	2,600
Increase by 1,000 the number of Community Agency staff who are "wise watchers"; possessing the knowledge and tools to perform ongoing physical, oral, developmental and mental health surveillance of the children in their programs and encouraging families	Number of staff trained	1,000	2783	1,200	2,000
Scan 5,000 children for development and oral health issues in community agencies by trained staff.		5,000	10,524	6,000	10,000
Provide 1,500 parents of low-income children especially in isolated immigrant groups with culturally appropriate health education and guidance regarding recommended preventive care, health insurance, and linkage to medical and dental homes	Number of parents or caregivers trained	1,500	4,831	1,800	1,500

Objectives (measurable outcomes)	Key Measures	2007 Objective	2007 Outcome	Estimated 2008 Objective (8/07)	Proposed 2008 Objective (1/08)
Provide 1200 low-income children especially in isolated immigrant groups with culturally appropriate health education and guidance regarding oral health and, for teens general preventive care			1,385		1,200
Decrease persistent cultural barriers for 100 families in isolated immigrant groups re insurance, access, or health system navigation issues		100	104	100	100
Establish medical homes for 1,500 children	Number of children completing > 1 medical visit	1,500	1491 from three contracting clinics in six months[9]	1,800	1,500
Establish dental homes for 1,000 children	Number of children completing > 1 oral health visit	1,000	1,285 from three contracting clinics in six months[10]	1,200	750
Increase the percentage of 3-6 year old children who are up-to-date on EPSDT visits by 20% (c)	HEDIS measures for 3-6 year olds (c)	20% increase	unavailable until June 08	10%	
Increase the number of children with a oral health visit by age 1 by 20% (c)	Number of children receiving oral health check by dentist or doctor by 18 months (c)	20% increase	unavailable until June 08	15%	

[9] These data are a proxy, representing medical homes created for children by the three clinics currently under contract.
The number includes children who were not enrolled through the CHI. Children enrolled through CHI going to other
Clinics are not included in this figure. Additional data will be available when the State provides data on medical homes
for children enrolled through the CHI.
[10] These data are a proxy, presenting dental homes created for children by the three clinics currently under contract.

Objectives (measurable outcomes)	Key Measures	2007 Objective	2007 Outcome	Estimated 2008 Objective (8/07)	Proposed 2008 Objective (1/08)
Increase the number of fluoride applications for children by 15% (c)	Number of fluoride varnishes and/or % of children with EPSDT receiving fluoride varnish (c)	15%	unavailable until June 08	10%	
Increase the number of children with immunizations up to date by 15 % (c)	HEDIS measures for 19-35 months (c)	15%	unavailable until June 08	10%	
Increase the number of children 0 to 5 who receive a structured developmental assessment by 20 % (c)	% of 0-6 yr olds with EPSDT receiving validated screening (c)	20%	unavailable until June 08	20%	

c: Contracted clinics will choose 2 of these 5 areas for improvement; objective will be included if chosen by clinics

Appendix C – Access and Outreach Meeting Summary, August 27, 2007

Present on phone: Teresita Batayola, Delthia Wright-Thompson, Teresa Mosqueda, Crystal Lyons, Marina Espinoza, Lisa Podell, Kathy Carson, Giselle Zapata-Garcia
Absent:, Paul Barry, Dale Ahlskog, Alice Kurle

CHI Updates
-Data subcommittee report reviewed, summary sent with agenda on 8/20
-Medical/dental homes evaluation. While waiting for data sharing agreement with state and plans, surveyed by phone 300 families whose kids we enrolled Jan-mid June. Many wrong and disconnected numbers, difficult to reach people, approximately 30 families interviewed. Full analysis will be completed in September.
- Integration/innovative pilots. Health Innovation and Integration Committee met on 6/8/07 and formed three subcommittees to work on pilots in the areas of: mental health, oral health and on-line applications. Each of the subcommittees has met at least once and will present recommendations at the next meeting of the larger group on 9/24.

Second quarter results
Reviewed the outreach progress section of the annual report that was sent to County Council on 8/16. (Attached sent 8/20) Almost all measures are on track to either meet or exceed the targets. The one measure that is not on target is provision of cultural mediation for immigrant families by Community Health Workers. This should increase as CHWs are fully staffed and have spent more time in their communities.
Committee members requested a copy of the full report, in draft form, before it is approved by council and posted publicly. Draft is attached.

New Contractors
-Latino Community Health Worker RFP. Received only one application proposing a model that did not meet the requirements of evidence–based CHW work. PHSKC is considering replicating a successful promotora model that we use for Breast and cervical cancer to perform the Latino CHW work.
-New Care Coordinator contracts. Awarded two new contracts; one to PSNHC for Rainier park/Rainier beach medical clinics and Southeast Dental Clinic, and one to PHSKC for Columbia Health Center. This brings the total Care Coordinator contracts awarded to 6. The additional money to fund 6, rather than 4 Coordinators comes from a combination of a Kellogg grant and the summer and fall start of the last 4 clinics.

State Outreach Committee report. Lisa, Kathy, Teresa and Giselle are all participating in the State's Cover All Kids Outreach implementation committee, advising the state as to how the $4 million in outreach legislated as part of the children's bill, should be spent.

Overall, DSHS is considering a two tiered approach: (1) share the names of the known-eligibles within DSHS' system with LHJs in the fall; (estimated 19,000 children. known eligible children enrolled in other DSHS programs but not enrolled in medical, such as in the basic food program and subsidized child care, and also the names of children who were denied for the CHP program since January

2006 for being over income.) (2) share/disperse the outreach money to LHJs/Community Based Organizations (CBOs)/Tribes in January 2008.

- Committee requested additional money sent to LHJs to build the infrastructure to allow them to conduct successful outreach to these families. DSHS is planning on providing a **$50- $75 incentive payment** for each person in their county who moves from the list to enrollment (individual applications will not be tracked). At this point, DSHS is not planning on providing LHJs with seed/start-up funds to create an outreach program. 24 local health jurisdictions have agreed to receive lists of known children residing in their areas for the purposes of contacting them to encourage them to sign up for Medicaid coverage

- The more broad/progressive outreach contracts (tier 2) with CBOs/LHJs/Tribes would go out for proposals late this year, with the hopes of getting the money out to community contractors early in 2008.

- OSPI stated that they would be open to coordinating some efforts in the fall, i.e. getting information out to parents though mailings when kids return and possibly sharing names of kids in free and reduced lunch by school district. When asked about the state-wide database, the OSPI said that FERPA prohibits the state from sharing the names of kids in their state-wide database even if it is with another state agency. Wendy Carr from Whatcom County said that there is a provision within FERPA that allows the state to share information with Title XIX contracting entities. OSPI said that their AG is working with DSHS' AG to vet some ideas.

- DSHS is also in the midst of hiring a contractor to assist with creating an overall outreach plan.

Committee members' outreach/enrollment/ activities were shared; ICHS ran two back to school fairs on August 11th and 18th at Holly Park and the ID. Both were very successful; crowds of families received services, products and info ranging from dental exams to health education to backpacks. While there was no private space to do enrollment, info was given. Teresita expressed interest in considering larger regional, multi-agency fairs in the future. Delthia reported that PSESD's early childhood programs are just starting to enroll kids for the coming school year and that part of that process includes screening for health insurance and medical and dental homes. Their staff has received training from Cathy Aby (PHSKC- CHI) on the new eligibility changes.

Next Steps
Some members wondered about the role for this committee now that the program is established and performing well. Is there a need for an oversight committee? Is reviewing progress enough of a role to keep the group together? Are there other issues i.e. SCHIP advocacy or renewals that the group's expertise could be used for, that aren't already covered by other local or state committees such as Health Care Coalition for Children and Youth or the state CAK workgroups**?**

Please be prepared to discuss these issues at the next meeting: Tuesday, September 18th.

It will be a face-to face meeting instead of a conference call so that we can discuss the role of this committee for the future.

Appendix C – Access and Outreach Meeting Summary, September 18, 2007

Present: Teresita Batayola, Paul Barry, Dale Ahlskog, Alice Kurle, Teresa Mosqueda, Marina Espinoza, Staff present: Lisa Podell,
Absent: Delthia Wright-Thompson, Crystal Lyons, Giselle Zapata-Garcia
Staff absent: Kathy Carson

CHI Updates:
Enrollment**:**

- 863 approved applications from 1/1/07 to 9/18/07
- 1339 applications submitted, submissions since June running ~ double rate of previous months
- Goal of 1,000 approved applicants will be easily exceeded
- 40% approved apps from the Federal way walk in " application assistance" clinic held twice weekly, 19% from clinic sites including dental and mental health clinics and 13% from school sites/school based-clinics (from pre-school through Community College)
- Over 60% of the kids enrolled live in Federal Way, Burien/Des Moines, Kent and Renton

Increased efforts are taking place to assure that staff and contractors are not only enrolling kids, but linking them to medical and dental homes. On-going training and QI plans around this issue. Questions were raised as to why the 60 day wait period exists before enrolling in a healthy options plan. This seems to be a barrier to establishing a medical home. CHI staff asked to research, and bring back to committee for discussion.

Staff are continuing to work with contracted CHWs around meeting goals. Questions were raised about options if performance doesn't improve. Committee supportive of not continuing contract past end date of January 2008 if improvement not present.

The state (DSHS) has requested more information on the format of the medical/dental home data we requested, leading staff to believe that a data sharing solution may actually be rolled out in the near future.

Data Reporting:
Committee members requested seeing enrollment data graphed over time and receiving more information on those not approved i.e. lag time to approval, % approved, reasons denied. Members would also like to receive written enrollment reports at each meeting. These reports will be available beginning October 2007.

Eastside Efforts:
Questions were raised regarding outreach efforts in east King County. East County efforts will be shared by both the Seattle team which will cover the northern portion ie Bothell, Redmond, Bellevue and the South King County team which will cover Renton. Alice Kurle offered office space at Hopelink's Bothell office. Staff will be working closely with Hopelink on general outreach efforts and possibly seasonal food bank campaigns for the holiday season. Per Alice, many families access food banks during the holiday season that don't otherwise access services, but may be eligible for Medicaid/SCHIP.

Teresa raised the issue of a county-wide back-to-school campaign focused on coverage and medical/dental homes. Currently there are separate efforts and protocols for each school district ranging Seattle's plan to send a letter from the Superintendent along with an eligibility flier and application to other districts sending home fliers and training staff. Illinois's successful marketing campaign had strong support and high visibility from the Governor's office; could we do the same using Executive Ron Sims? Staff will research whether time and money is available to do a campaign this year. Other suggestions re schools included sending letters through PTSAs and after school programs such as Boys and Girls clubs to reach large numbers of children.

Budget:
Due to the bulk of the county funds being released in July, there is likely to be ~ $100,000 in unspent revenue by the end of the year. Financial staff at PHSKC have told CHI staff that these funds are highly likely to be eligible to be carried over into 2008 since they were given by County Council specifically for CHI. The state outreach money is unlikely to be available to local communities until at least January 2008, and state-wide outreach and marketing campaigns won't begin until at least that date. Therefore, the county will need the additional funds to continue local efforts. Committee members requested that the committee send a letter to the Director of Public Health requesting that the funds be carried over. Since then, following internal department guidelines, PH CHI staff met with PH executive team and devised a plan for carrying over the funds, therefore the letter is no longer necessary. In addition, the committee requested that staff report in October on whether the money will definitely be available for carryover, and supply options, with costs and feasibility, for spending the funds, both in 2007 and, if carried over, in 2008.

Committee's role in future:
Per King County Motion 12507, May 2007, line 161, "..An outreach implementation committee comprised of experts in King County representing participating community-based organizations and their communities shall provide oversight to the implementation of the outreach component of the CHI. The committee shall adopt a charter that shall describe committee roles and responsibilities; membership; reporting structure; meeting frequency; deliverables; and the manner in which recommended changes or additions to policies resulting from the committee's oversight of the implementation of the CHI shall be proposed to the council;"

Since the motion specifies the existence and mission of the committee, members agreed that the decisions to be made centered around how to define and improve their stewardship and carry out the roles and responsibilities delineated by Council. Discussion resulted in the following recommendations:

- Deliverables include staff reports to the committee including handouts and meeting summaries
    - Including brief written outcome summaries at each meeting
- The committee would like to send items including rosters and charters directly to the County Council as an indication of their stewardship and leadership, instead of all materials being routed from PH staff to committee members to PH staff to Executive staff to Council. (NOTE: respecting existing protocols, this item requires a larger discussion as to how the Council, Executive's office and CHI committees should communicate. Carrie Cihak, Senior Legislative Analyst for the King County Council has made herself available to attend the October 16th meeting in order to clarify communication issues between the committee and council.
- Committee members will attend council budget hearings in October and November to support the inclusion of CHI funds. The hearings will take place at the following locations and dates, please notify Rachel Quinn at Rachel.quinn@kingcounty.gov, 206-296-4615 as to who will attend each meeting:

Tuesday, October 23, Public Hearing, Regional Justice Center, 7:00

Wednesday, October 24, Public Hearing, West Seattle High school, 7:00

Tuesday, October 30, Public Hearing, Bellevue City Hall, 7:00

Thursday, November 1, Public Hearing, Council Chambers, 7:00

- Committee members would like to stabilize the membership of the group. Members present on 9/18 agreed that if a member would be unable to attend a meeting, it would be preferable NOT to send a substitute unless it would be a long-term sub that wouldn't have to be brought up to speed each month. More discussion is needed in future as to length of commitment for membership (A one year minimum was suggested) and frequency of meetings starting in 2008.

Next Steps:
Next meetings will take place as face to face meetings:
Tuesday October 16th 3:30-5:00
Tuesday November 20th 3:30-5:00

Appendix C – Access and Outreach Meeting Summary, October 16, 2007

Present: Teresita Batayola, Paul Barry, Dale Ahlskog (phone), Delthia Wright-Thompson (phone), Alice Kurle, Marina Espinoza,
Absent: Teresa Mosqueda, Crystal Lyons, Giselle Zapata-Garcia
Staff present: Lisa Podell, Kathy Carson
Guests: Carrie Cihak, King County Council, Rachel Quinn, Office of King County Executive Ron Sims

Committee's role and communication with Council
Carrie Cihak, Senior Legislative Analyst for the King County Council joined this portion of the meeting to clarify the role of the committee. She expressed appreciation for the engagement and the work of committee members. Carrie clarified that the committee's role is to advise Public Health about how to implement the Access and Outreach portion of the CHI and to help in community-wide CHI work outside the department. The committee's deliverables are the annual report to Council and the semi-annual report to the Executive and implementation committees; the role of the committee is to review the reports and assist staff in presenting the reports to council or other audiences.

CHI Updates
Outreach and eligibility efforts -

- two new data reports(attached), 1) showing cumulative monthly applications submitted and approved, 2) showing YTD outcomes on the key measures in the in the evaluation plan and were distributed and reviewed. Committee members found them useful so will continue to distribute at each meeting.
- Reason for denial is not captured in database, so unable to report. Anecdotally, main reasons are over income and failure to complete application or accompanying documents. Committee requested report on the % of applications submitted that we could expect to be approved.
- 60 day HO choice lag clarified after Lisa's communications with DSHS: some lag is necessary in order to give consumer a choice of plans and time to respond. Actual time is 30-60 days depending on what date in month approval hits. DSHS has already streamlined the process by automatically assigning enrollees to a plan, with an option to change. Planning to streamline further by combining approval letter with HO choice letter, but requires cooperation between other depts. Such as ESA, therefore DSHS doesn't expect this to happen soon. Committee agreed that no further action was necessary on this matter, but should focus on lag time in approval process. Electronic processing will improve lag time but citizenship documentation presents a significant barrier.
- Committee alerted to fact that DSHS has dropped coverage of over 8,000 kids whose families do not respond to requests to complete citizenship documentation process at time of renewal. Committee recommended assuring that HCCY take leadership on advocacy for this issue. (Discussed at 10/18 HCCY meeting, Children's Alliance and HCCY are both prioritized this issue and are working with state officials to remedy.)
- State is very close to being able to share utilization data on kids we enroll in order to determine if kids have established medical and dental homes
- HIIC pilot projects are still under development; on-line enrollment demo, oral health, and mental health received preliminary approval by HIIC committee 9/24. Final approval will happen at 11/16 meeting.

Carryover fund options:

- Staff has worked with PH leadership to assure smooth carry-over of CHI funds from '07 to '08 to complete '07 work that was delayed due to funding delay. (see attachment for details)
- $212,000 in unspent funds projected for year-end. Some of this may be encumbered, the rest will carry-over.
- Of the 5 spending options presented, committee recommended proceeding with:
    - Small contracts with refugee associations. Committee would like to expand this approach to include faith based organizations
    - Clerical support for application work
    - Contract with Child Care Resources
- Further research necessary on :
    - Expanding UCLA/Johnson and Johnson health education model pilots in King County. Committee interested in implementing project in clinics instead of child care sites. (So far, discussions have been promising)
    - Marketing campaign – explore piggybacking on state contract while assuring that county's needs are met

Next Meeting: Tuesday November 20th, 3:30-5:00

Meetings will be in Room 1312 3:30-5 every 3rd Tuesday of the month.
If calling in, bridge line number is 206-205-1111; no password needed.

Appendix C – Access and Outreach Meeting Summary, March 18, 2008

Present: Teresita Batayola, Dale Ahlskog, Lisa Zerda, Teresa Mosqueda, Marina Espinoza, Paul Barry, Delthia Wright-Thompson, Crystal Lyons, Giselle Zapata- Garcia
Staff present: Lisa Podell, Rachel Quinn
Absent: Alice Kurle

CHI Updates:
Enrollment**:**

- 474 approved applications and renewals from 1/1/08 to 2/29/08 from PH staff only (see attached chart) Contractors report quarterly
- 72% of Jan and Feb applications submitted were approved as of 3/17- vs 2007 rate of 66%
    - Most apps are being approved within 3 weeks – DSHS new policies working!
- On track to exceed goal of 2600 approvals
- Monthly reports reviewed a(ttached); all outcomes exceeding targets
- From Jan-Nov 07 (most current DSHS data) King County enrolled kids at over twice the rate as the rate of the state – see attached charts

Community Health Workers:

- Promotora Program – Coordinator hired, recruitment begun, community response high
- CHWs from 4 contracted agencies in the Infant Mortality Prevention Network started CHI work 2/08
- Will contract with ICHS for Asian/PI CHW

Community Partnerships;

- 17 agencies signed up, for over 20 groups, $27,000 spent
- Starting to reach smaller ethnic communities ie KHMU and Samoan
- Will evaluate effectiveness after receive 1-2 quarters of data

HIIC pilots:

- WDS's KC KIDS Dental pilot has enrolled 167 kids to date
- On-line enrollment pilot started
- Mental health pilot out for RFP – due 3/28

UCLA/Johnson & Johnson health literacy program:
Unfortunately, no clinics were able to respond to the invitation to participate given the 2 week window that was offered by UCLA. Teresita thought that some clinics were interested, so e-mail will be sent to gauge future interest.

Medical Home Measurement:
Teresita asked to consider the name "health care home" instead of medical home to indicate the more comprehensive nature of services provided. Lisa explained that Kids Get Care used to use health care home, but changed to medical home because it confused people. Teresa agreed and urged us to stick

with medical home since advocates are trying to have politicians understand medical home, and different terminology confuses them.

Care Coordinators were asked to think of ways to measure medical homes that are more meaningful than current definition of one new visit, but not too burdensome. Discussed idea of having the Coordinators ask 2 or 3 salient medical home questions from standardized MH surveys while calling families for other reasons ie no show for a WCC. Group felt that the function of these calls was important to their CC work and very different than MH questions and would confuse the issue. A suggestion was made to stick to current measurement in year 2, but in year 3 to go back and ask families if they made return visits to the same provider.

Dale Alhskog's upcoming retirement as CEO of Molina was heartily celebrated with kind words, a proclamation extolling her virtues and value to the community signed by King County executive Ron Sims, and of course, cake. We will all miss Dale who has made such valuable contributions to the CHI. Lisa Zerda, member Services Director at Molina attended the meeting and will take Dale's place on the committee.

Access and Outreach Committee Roster

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Appendix C
"Shared Stories from the Field"
Focus Groups and Interviews with Access & Outreach Staff

From June 25-30, 2008, Clegg & Associates held focus groups and interviews with CHI staff. The following staff participated and shared stories about their work with CHI clients:

Clinic Care Coordinators:
- Sarah Lee
- Callista Kennedy
- Heidi Suarez
- Coleen Olaf

Application Workers:
- Cathy Aby
- Jennell Hicks
- Rob Thomas
- Karen McKinney
- Patricia Kennedy
- Penny Lara
- Cindy Mai
- Carmen Olvera
- Daphne Pie

Community Health Workers:
- Irina Busenburg

Health Educators:
- Anel Mercado
- Carol Allen

The following questions were used to solicit their stories:

- Tell us about some of your experiences with the children and families that you have helped.
- When you think about the families you've worked with, what kinds of barriers have they faced in getting care?
- What are you and your clinic able to offer these families that you couldn't before the care coordinator position existed?
- Describe a workshop, training, or a class that seemed to really engage kids, parents, or staff.
- Do you have any sense that what you've taught people has made a difference? Has their behavior changed in any way that you know of?

Their Stories

The family came into the Roxbury Clinic through an application worker. There were four children, none of whom was up-to-date on their immunizations since the family had no health insurance. I was able to work with the clinic to make appointments that would accommodate all four children on the same day, something not usually done nor easy to schedule. It involved many people in order to pull it off. But we did it and now all four children are up-to-date with the immunizations.

I work with very hard to reach families who usually only come in when their child is sick or injured. The doctor will throw in a Well Child Check if time allows, but it doesn't always happen. So I make home visits, taking a calendar with me that shows when all the Well Child appointments should be scheduled and educating the family about why this preventive care is important. Then I call the family, often over and over, to get them in for those appointments and for dental services as well. The home visits and the calls help build the relationship and I see the families in the community as well. This helps send the message that the clinic is there for them, a place families can come to for resources and help.

Families get into a mode after year one where they think that if they got their children their shots, then they're done. Kids can go to kindergarten and school if they have their shots, so families often don't follow-up with Well Child Checks. It takes a lot of phone calls to give them the message about the importance of scheduling these visits. We have to communicate that "It's not just the shots … shots and Well Child Checks go together." The care coordinator position allows for this kind of individual attention and consistent follow-up.

A family moved up here from California. We were able to get the paperwork through the system, get the kids' records, and get the kids seen in a really short time. The mom was so grateful that it could happen so quickly and easily.

An insurer will change a client to a new doctor or new clinic. Families often are not clear about the plan or its benefits and restrictions. We're often called on to help them with this. It takes time for clinic staff to understand that the care coordinator can help families wade through the intricacies of the plans and their coverage.

Transportation is a major barrier for some families. I had a mom who had just moved out of transitional housing. She had 8-month old twins that needed their Well Child Check and a 15-month old who had missed the 12-month visit. We needed to schedule all three children in one day, which is not easy. They also couldn't use public transportation to get to the clinic because one of the children was medically at-risk and cabs won't take three car seats, so they had to find an alternative. The mom was having trouble communicating all this and arranging for transportation, so we scheduled a van through Hopelink. They were wonderful and helped make it happen!

The need for interpreters can be a barrier. We have some interpreters available on staff and use phone interpreters as well, but there are an increasing number of new languages spoken and some are difficult to find interpreters for or to schedule for. And some families speak languages

where interpreters aren't available, like the family I had recently from Burma. I used the oldest child in the family as the interpreter, but that presents difficulties and children often don't have all the information that's needed.

There are immigrant families with many children. Scheduling all the kids at once is difficult, and the care coordinator has to negotiate with the providers to make it work. The coordinator then makes sure the family comes in. This helps build the relationship between the clinic and the family. The care coordinator is a clinic contact, but also works outside the clinic, which sometimes helps.

We make connections to community organizations for the kids. We make connections to senior programs for the grandmother or grandfather. We make connections to parenting classes for the parents. We work with providers to refer kids, many of whom are obese, to community programs and community centers that can get them involved in physical activity. There is a social worker on staff at the clinic I work in and she can arrange for kids' scholarships to sports groups and camp.

Many of the parents I work with have jobs with no sick leave. Getting their children in for care is difficult for them. Taking time off work without pay, in addition to paying the co-pay fees, is hard. Late hours and Saturday hours at the clinics help.

The oral health exam will now be done onsite during Well Child Checks at our clinic. This is new and will make it more likely that kids with problems get identified early. The care coordinator will take part in these exams in order to educate the families about preventive dental care and also will train the medical assistants to do this education in the future.

The care coordinator position allows clinics to reach out to families. In the past, they usually would just wait for families to come in. This makes families realize the clinic is more than just a place to go when someone is sick, which is new to many families in whose culture people go to doctor only when they are ill. We help the families *stay well*, not just get better. We help them understand what kids need to stay healthy –good nutrition and good snacks, physical activity, preventive care. We also give families the message that mom has to take care of herself so she can take care of her kids.

This story started about a year ago. I was invited to a church to give a presentation about the outreach program. When I showed up, there were only men. They were from Mexico, an indigenous group who had had their land taken away from them and had been mistreated by their government. They only trusted their peers. I talked about a number of topics, including women's health and children's preventive care. It was tense. I was a women, and although I'm Mexican and from an indigenous group, I was not from their tribe. There was no reaction to my presentation. No response to my jokes. No questions. The leader called me the next day and invited me to speak again, so I went. This time there were all women. The men had to first approve before the women could take part. Again, I got no immediate response from the women, but now they are my primary clients and call me directly. It took a year and a half, and persistence, but I developed the relationships and the trust. I'm seen as part of the community now. And because of this relationship, the new Promotores program (Latino community health

workers) includes two workers from this tribe. This is so important because the language barriers are very significant for groups that only speak indigenous languages.

The aunt in a family took in her two nieces when her sister died. They had been cut off from Medicaid and had been fighting with DSHS about their income eligibility because of the aunt's and uncle's income. One of the nieces had multiple health needs and I referred them to the 45th Street Clinic. What became clear was that the big problem was the niece's teeth. They had not developed so she had two very tiny front teeth and a big gap between them. She told the dentist at the clinic that she was going to her prom and wanted to look nice. Even though Medicaid would not cover it, the dentist replaced her two front teeth as a gift.

The mom was five month pregnant when she came in, had two other kids, and was undocumented. The dad couldn't read or write and was working as a day laborer. They'd been trying to get medical coverage but DSHS kept sending stop work requests and wanted a letter from the dad's current employer. When that request was made, the employer fired the dad because he didn't want any headaches from Immigration. All this was taking time and mom had had no prenatal care and was getting close to delivery. I was able to intervene with DSHS and was finally able to get them approved for coverage in time for the baby's delivery.

A 15-year old pregnant girl came in to get medical coverage. Her mom had committed suicide and she was homeless. She moved into her boyfriend's parents' home and we were able to get her help with medical coupons and other services.

One day a pregnant, undocumented woman who was trying to get medical coverage comes in the office crying. Her husband got sick and they took him to emergency in Auburn. He had an aneurysm in his heart. I was able to get Alien Emergency Medical for him and got him approved for Medicaid coverage as he no longer could work. They had their baby one month early due to all the stress, but we were able to connect them to a number of services to help.

At my job at Seattle Community College, I work with students. Every year, the college gives out scholarships. So in addition to providing assistance with signing up for medical coverage and food assistance, we were also helping the students write letters for the scholarships since English is the second language for most of them.

I was surprised to find that one of the young women I helped was the daughter of the woman who had stabbed a Health Department staff person. The daughter was homeless and I helped get her medical coverage, food assistance, and housing.

I work with kids from Juvenile Detention, helping them connect with drug treatment. Without the medical coupons, they would not be able to access the treatment. There is a good deal of back-and-forth with DSHS necessary to get these kids approved for coverage, but with persistence we make it work.

I had a girl, age 11, who came in with a razor cut on her arm. It turned out that she had cuts all over her body. Her mother didn't know. I referred her to Kent Youth and Family Services and got the girl medical coupons and an appointment with a therapist the very next day.

A family came in with a boy who had had tooth pain for months. The mother had been using home remedies as she had given up on getting Medicaid. She'd been trying for a year to get coverage and just couldn't make it happen. I got them approved for medical coupons within a day, connected to the SE Dental Clinic the following day, and all the other children in the family covered for medical care as well.

A woman moved here from the Midwest and didn't know the area at all. She was living with her boyfriend and had a child with Aspergers who had had no treatment. He was in a pretty severe state and had been chasing the other kids around the house with a knife. I drove out to Kent to meet her, filled out the application, helped put all the paperwork together that was needed, and faxed it to DSHS. They had benefits within five days.

A family moved here from Michigan, both in the 20's and both laid off from their jobs. Their house was in foreclosure and they hadn't found jobs here. Then their kid broke his leg. They'd been told to avoid the emergency room so they went straight to an orthopedist. Now they had a huge bill, needing to pay $250/month for the next three years. They were overwhelmed. Not only did they not get the fresh start here that they had hoped they would, but they had this huge bill and the boy still needed treatment. The orthopedist probably doesn't accept Medicaid, but we're working on it and exploring whether they'll waive some of the fee with Medicaid coverage. We wish we'd been there when he broke his leg! But the parents are so thankful, and the kids too.

I worked with a family from India whose daughter called, as the parents did not speak English well. She had gotten a flyer about the program from the school nurse because she needed glasses. She got an eye exam and the glasses and called to tell me "Now I can see!"

I have girls who graduated from school and went to college in Atlanta, who called to ask if they could renew their "Take Charge" cards. Obviously, they couldn't, but I got them connected to medical coverage in Georgia. One of them is back now and has renewed the contact. The one-on-one relationships we build during the 9 – 12 years at school really last. I get college graduation pictures from these students.

People so appreciate our help. I had a young girl who said "I want to be just like you" and another who asked "What do I need to study to do what you do?"

Temporary workers often don't get benefits and don't make enough money to afford insurance for their kids. We get many people who have tried to make their way through the forms from DSHS and just can't. Some of them are paralegals, who work with people who deal with complicated forms all the time. They still can't manage the Medicaid forms! We intervene and get them covered.

I try to help staff in the places where we work, as some of our co-workers have kids that need help and they qualify for coverage.

I was working with a 16-year old kid on getting him medical coverage who said "I don't need medical coverage, I'm going to commit suicide on Friday." This was Tuesday. I asked why he was planning to kill himself and he said that kids at school were teasing him. He had promised to do something for his parents that week, so was waiting until Friday to do it. I asked him to wait and went to get a mental health therapist who told me "He always says that." I told her that he had a plan, but she left, so I called and got him on the phone with Seattle Mental Health and they sent out a Crisis Team. I told him that we had made another appointment for next Tuesday, so he couldn't kill himself on Friday. And he showed up for the Tuesday appointment.

Russian family came in needing help getting medical coupons. They had come to this country just two years ago and had been denied help. They were a hard-working couple, but were paying $300/month for medical care for their two children and just couldn't afford it. With the community health worker's assistance they got covered which allowed them to pay $30/month for their two children, saving money for gas and food. The worker also translated for them, helping them make appointments for the doctor and providing information on health care and other benefits. She connected them with food assistance and food bank on the Eastside, got them a gas card from Hopelink, and access to diapers.

One of the first families the community health workers helped needed medical coupons for their two children, one of whom had been badly burned when he was very young in Moldova. When they received their medical coupons, they took him to the Harborview Burn Unit. Members of the Burn Unit Team remembered him as they had gone to Moldova some years ago and had treated him when he was burned. They were very surprised that he had survived as the burns were severe, covering 75% of his body. The mother had taken exceptional care of him and the Harborview staff were able to provide follow-up care to help him further.

At a workshop held at Everest College, health educators found that most of the young parents were not aware and were excited about the changes in eligibility requirements authorized in 2007. Many had been rejected for coverage in the past and planned to reapply. The health educators explained the guidelines and connected them to an application worker. The interest raised was so high that "there was a line out the door" for application assistance, prompting the college to ask the CHI to send a second person to help with applications as well as requesting a second evening presentation. Everest College is primarily a vocational school and the CHI has found this to be a good type of location for outreach efforts.

Interest in the Promotores program, where Latino community members volunteer are trained to be community health workers to help enroll children and families in their communities, has been extremely high. CHI health educators originally anticipated training approximately 20 Promotores, but found more than enough interest to hold a second training for a total of 40.

Vashon Island is often thought of as a location without high levels of need for services. However, a significant Latino population lives and works there, often in landscaping and construction jobs that put them in the income bracket that is targeted for the CHI. Health educators held a recent training on Vashon that resulted in higher than anticipated attendance and successful recruitment of English and Spanish speakers to help with outreach and applications.

Health educators follow up with families to see if they have made appointments after enrolling in coverage. Many of these check-ins are phone calls over the weekend and evenings. During one recent weekend check-in call, the health educator spoke with a mother who had not scheduled a visit. She referred her to a nearby dentist that was open on Saturdays and the mother immediately set up an appointment.

The Promotores presented information about signing up for coverage during an elementary school performance in Kent, where they spoke to a family that had recently had their son's tonsils removed. Not aware that they were eligible for coverage, they faced $12-13,000 in medical bills. A Promotora helped the family complete and submit an application to DSHS, which retroactively covered their bills.

Health educators have found that parents often do not know when dental care needs to begin for their children. For example, many parents don't know how much toothpaste their kids need, or that foods such as apple juice contain lots of sugar. Health educators teach them to read labels and about how young children should care for their teeth. One mother reported that after talking with the health educator, "I can't get her out of the bathroom. All she wants to do now is brush her teeth."

CHI staff created a DVD that presents a short video on well child visits and why baby teeth are important in eight different languages. The DVD is much loved, eliciting attention and laughter from the audience, and has been distributed to a number of community agencies. One agency, for example, kept the video looping in the background during a recent fair. Cities such as Portland and Boston have also requested the video.

Health educators work with pre-schools, often starting with education about how to care for teeth, followed by a dental screening, and then connection to a dental appointment. At a recent dental screening at ReWa, the dentist spoke Chinese, Vietnamese, and Spanish, in addition to English. Staff overheard the kids who had been screened excitedly telling their parents that the dentist spoke their language.

Spreading the word about preventive care and eligibility for coverage has been most effective when people tell their friends and families about it. "When you hear it enough and when you hear it from people you know, the more you start to believe it," said one health educator about getting the message out in hard to reach communities. The strategy appears to be working as health educators are getting more and more word of mouth referrals, particularly for dental coverage. Dentists who work with the program are also beginning to see the value of early education, with one dentist beginning to encourage visits as early as age four months, in order to educate families on good dental care.

CHI staff worked with a Spanish-speaking family at the Family Connections Center in Bellevue. The family had previously applied for coverage and been rejected, but didn't understand why. An application worker met with the family to explain what was needed for their application to be accepted and helped them resubmit it. The family was then successful in enrolling in coverage.

CHI health educators worked with one family with three kids, ages 10, 9, and 5, who had never been to the dentist. The mother had a difficult work schedule and said that the kids had never had any complaints about their teeth. The health educator was able to refer them to a dentist that would see the whole family at the same time. The mother made appointments for all of the children and was surprised to find out that they had cavities. They had not complained because they had grown used to them.